



Complete On-Screen and Print  
**MEDICAL INFORMATION SHEET**

Everyone at any age should consider completing this form and storing it on the front of the refrigerator and over the visor in your vehicle. Making it available to paramedics entering your home will considerably reduce the time they spend acquiring medical information about the patient prior to treatment. This sheet could be a life saving document if the patient is unconscious OR if no one is familiar with the patient's medical history or medications.

**DATE THIS INFORMATION WAS WRITTEN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_

**MEDICAL HISTORY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>MEDICATIONS</b>	<b>DOSE</b>	<b>MEDICATIONS</b>	<b>DOSE</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ **PHONE** \_\_\_\_\_

\_\_\_\_\_

**HOSPITAL PREFERENCE:** \_\_\_\_\_

**KEEP THIS SHEET ON THE REFRIGERATOR AND OVER THE VISOR IN YOUR VEHICLE.  
GIVE TO THE EMS (LIFE SQUAD) IN THE EVENT OF A MEDICAL EMERGENCY.**

**VISIT MIAMITWP.ORG/FIREEMS**

Miami Township Fire & EMS      5888 McPicken Drive      Miami Township, Ohio 45150  
Phone 513-248-3700      Visit us at: MiamiTwpOh.Gov      Fax 513-248-3719